

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST MATTHEW	MI L
	NICKNAME MATT	LAST LAMON	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; 2605 ENFIELD RD #217	APT / SUITE #;	CITY; AUSTIN, TX
	STATE; TX	ZIP CODE 78703	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 826-1797	EXTENSION
	MS / MRS / MR MRS.	FIRST MARTHA	MI L
6 CAMPAIGN TREASURER NAME	NICKNAME LINEA	LAST LINEA	SUFFIX
	STREET ADDRESS (NO PO BOX PLEASE); 5524 BEE CAVES RD STE B5		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	AREA CODE (512)	PHONE NUMBER 965-3979	EXTENSION
	STREET ADDRESS (NO PO BOX PLEASE); 5524 BEE CAVES RD STE B5		
8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); 5524 BEE CAVES RD STE B5		
	STREET ADDRESS (NO PO BOX PLEASE); 5524 BEE CAVES RD STE B5		
9 REPORT TYPE	<input type="checkbox"/> January 15 * <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
	<input type="checkbox"/> January 15 * <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day 26	Year 14
	Month 12	Day 31	Year 14
11 ELECTION	Month 11	Day 04	Year 14
	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		
	OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL DIST. 10		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MATTHEW LAMON

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

700

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1,425.87

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

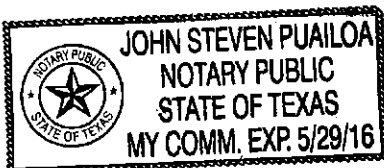
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

M Lamon
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Lamon, this the 21st day of November, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME MATT LAMON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/26/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) CORY POMEROY	7 Amount of contribution (\$) 50	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1415 WESTOVER RD AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/26/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) TREVOR BOEHM	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5306 WELLINGTON DR AUSTIN, TX 78723		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) TX LOBBY GROUP	
Date 10/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) LARA KEEZ	Amount of contribution (\$) 350	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2113 W 11th ST AUSTIN, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CONSULTANT		Employer (See Instructions)	
Date 11/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ALYSSA EAONO	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 105 LIZ LN AUS GEORGETOWN, TX 78633		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) ANTHONY HALEY	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1212 GUADALUPE #1003 AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME MATT LAMON		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/3/14		5 Payee name HOPDODDY			
6 Amount (\$) 40.51		7 Payee address; City; State; Zip Code 2438 W ANDERSON LN AUSTIN, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FOOD		(b) Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/2/14		Payee name ABEZ'S ON THE LAKE			
Amount (\$) 107.02		Payee address; City; State; Zip Code 3825 LAKE AUSTIN BLVD AUSTIN, TX 78703			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD		Description (If travel outside of Texas, complete Schedule T) VOLUNTEER FOOD <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/9/14		Payee name TINY PRINTS			
Amount (\$) 127.60		Payee address; City; State; Zip Code 4655 GREAT AMERICA PKWY #601 SANTA CLARA, CA 95054			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) OFFICE SUPPLIES		Description (If travel outside of Texas, complete Schedule T) THANK YOU CARDS <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 11/19/14		Payee name UPSTREAM COMMS			
Amount (\$) \$72.89		Payee address; City; State; Zip Code 1609 SHOAL CREEK BLVD AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) TECHNOLOGY FEE		Description (If travel outside of Texas, complete Schedule T) CREDIT CARD FEES <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
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Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME MATT LAMON	3 ACCOUNT # (Ethics Commission Filers)			
4 Date 11/21/14	5 Payee name MATT LAMON				
6 Amount (\$) 1,077.85	7 Payee address; City; State; Zip Code 2605 ENFIELD RD #217 AUSTIN, TX 78703				
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) LOAN REPAYMENT	(b) Description (If travel outside of Texas, complete Schedule T) RC PAYMENT <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Candidate / Officeholder name</td> <td style="width:25%; border: none;">Office sought</td> <td style="width:25%; border: none;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
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Amount (\$)	Payee address; City; State; Zip Code				
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Amount (\$)	Payee address; City; State; Zip Code				
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Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME**MATTHEW LAMON****2 ACCOUNT # (Ethics Commission Filers)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****-- Complete A & B below only if you are not an officeholder. --****A. CAMPAIGN FUNDS****Check only one:**

I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS**Check only one:**

I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate**5 OFFICEHOLDER****-- Complete this section only if you are an officeholder --**

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder